Send by 28th of the Month to: Indiana Department of Environmental Management Office of Water Quality, Data Management Section

Monthly Report of Operation Package Type Wastewater Treatment Plants

(Pending Approval - 1/04)

P.O. Box 6015	(Pending Approval

Name of Facility Permit Number Certified Operator: Name Class Expiration Date Certificate Number

Signature of Officer, Principal Executive, or Authorized Agent

Date

information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Indianapolis, Indiana 46206-6015 Page 1 of 2										Month: Year																	
2 1 1 1 1 1 1 1 1 1	Overflows												Aeration Tank															
2		Day of the Week	Man Hours	Precip Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Inluent Flow Rate (MGD)	Hd	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)		30 Minute Settling	MLSS	D.O.	WAS Gal.		Effluent Flow Rate (MGD)	Hd	CBOD (mg/l)	TSS (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Phosphorus (mg/l)	Ammonia (mg/I)	
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Average Maximum Minimum Total Sludge Hauled Off Site (Gal): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing																												
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Sludge Hauled Off Site (Gal): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Minimum																											
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lame	of Facilit	у			Month/Y	ear		MONT	HLY REMOVAL S	UMMARY	
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Day of the Month	CBOD (lbs/day)	3y	S	CBOD (lbs/day)	3y	S					
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o o	OC	≘	ısph /da)	0	(≘	isph /da)	Ammonia (Ibs/day)				
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E-mail Address (if available):

(SIGNATURE OF CERTIFIED OPERATOR)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(DATE)

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